

EXHIBIT B





Site Map		Contact Us		Form		Customer Copy Label 11-F, April 2004	
Cop		 EM 143945014 US		 EXPRESS MAIL UNITED STATES POSTAL SERVICE®		Post Office To Addressee	
ORIGIN (POSTAL SERVICE USE ONLY)				DELIVERY (POSTAL SERVICE USE ONLY)			
PO ZIP Code 27707		Day of Delivery <input checked="" type="checkbox"/> Next <input type="checkbox"/> 2nd <input type="checkbox"/> 2nd Del. Day		Postage \$16.25		Delivery Attempt Time <input type="checkbox"/> AM <input type="checkbox"/> PM Employee Signature	
Date Accepted 1/14/08		Scheduled Date of Delivery Month 1 Day 15		Return Receipt Fee \$		Mo. Day Time <input type="checkbox"/> AM <input type="checkbox"/> PM Employee Signature	
Mo. Day Year 5/22		Scheduled Time of Delivery <input checked="" type="checkbox"/> Noon <input type="checkbox"/> 3 PM		COD Fee Insurance Fee \$ \$		Mo. Day Time <input type="checkbox"/> AM <input type="checkbox"/> PM Employee Signature	
Time Accepted <input type="checkbox"/> AM <input type="checkbox"/> PM		Military <input type="checkbox"/> 2nd Day <input type="checkbox"/> 3rd Day		Total Postage & Fees \$16.25		<input type="checkbox"/> WAVES OF SIGNATURE (Domestic Mail Only) Additional merchandise insurance is void if waiver of signature is requested. I wish delivery to be made without obtaining signature of addressee or addressee's agent (if delivery employee judges that article can be left in secure location) and I authorize that delivery employee's signature constitutes valid proof of delivery.	
Flat Rate or Weight lbs. ozs.		Int'l Alpha Country Code		Acceptance Emp. Initials NBH		<input type="checkbox"/> NO DELIVERY <input type="checkbox"/> Weekend <input type="checkbox"/> Holiday Customer Signature	
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METHOD OF PAYMENT: Express Mail Corporate Acct. No.				Federal Agency Acct. No. or Postal Service Acct. No.			
FROM: (PLEASE PRINT) 919 493 8000 JENNINS, WILSON, TAYLOR & HUNT PA 3100 TOWER BLVD STE 1200 DUKHAM NC 27707-2582 #421/75/2 REL/DMS/gwc				TO: (PLEASE PRINT) COMMISSIONER FOR PATENTS P.O. BOX 1450 ALEXANDRIA, VA 22313-1450			
FOR PICKUP OR TRACKING: Visit www.usps.com or Call 1-800-222-1811							

EXHIBIT C

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EXHIBIT D

The U.S. Patent and Trademark
Office date stamp sets forth the
date of receipt of:

Attorney: REJ/gwc
Docket No.: 421/75/2
Applicant: Laurence E. Dahners
Serial No.: 10/672,370

Title: MODIFICATION OF PERCUTANEOUS INTRAFOCAL PLATE SYSTEM

The following items were mailed to the U.S. Patent and Trademark Office on the date indicated below:

1. Transmittal Letter (1 page);
2. Request for Extension of Time Form PTO/SB/22;
3. Amendment C;
4. Terminal Disclaimer;
5. Check in the amount of \$590.00; and
6. Return-receipt postcard to be returned to us with the U.S. Patent and Trademark Office filing stamp on it.

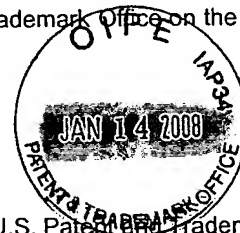
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